

MANAGEMENT OF ANTERIOR AND POSTERIOR COMPARTMENT DEFECTS FOR LAPAROSCOPIC AND VAGINAL FIXATION OF THE VAGINAL VAULT. A RETROSPECTIVE STUDY

Introduction

After fixation of the apex, there are high prolapse recurrence rates of the anterior or posterior compartment. Until now there is no consistent method which enables a systematic approach to the decision whether further compartments should be treated during prolapse surgery of the vaginal vault. The first aim of this study was to find out if a concomitant repair of the anterior and posterior compartment is always necessary when performing a fixation of the apex. The second aim was to investigate if it is possible to detect a concomitant defect preoperatively in the anterior compartment with perineal ultrasound.

Design

23 Women who were patients in our department were included in our study. 10 women were operated laparoscopically, 13 were operated vaginally with the method of Amreich- Richter. A POP- Q examination, perineal sonography and urodynamics were performed preoperatively for every patient. Intraoperatively, two further POP-Q examinations were performed before and after the fixation of the apex. The results of POP-Q and perineal Ultrasound were compared retrospectively with the intraoperative reports. Also the results of POP-Q and preoperative perineal ultrasound were compared.

Results

The intraoperative POP-Q was 1-2cm larger in both groups compared to the preoperative scores. The total vaginal length was 2cm longer in the laparoscopic/robotic fixation than in the vaginal method. 10 % of the cytosceles detected in the POP-Q could not be seen with perineal sonography and were not confirmed in the surgical report.

Conclusion

The preoperative POP-Q examination should be complemented by perineal ultrasound.

In order to be able to make a better decision concerning the necessity of a concomitant repair of another compartment during a vaginal operation, a fixation of the apex before the colporrhaphy is desirable.

Disclosures

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